FILED

2001, UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # P98000102531 1. Entity Name 05-15-2001 90174 044 ***150.00 ANDREW & ATTILA, INC. Principal Place of Business Mailing Address CHATEAUX DE VILLE CHATEAUX DE VILLE 976307 #1556 #1556 CLEARWATER FL 33764 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address 4700 COVE CITCLE N 700 COVE CIRCLE N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE State ST PETERS BUT City & State Applied For 4. FEI Number 65-0918139 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOVACS, LASZLO Street Address P.O. Box Number is Not Acceptable) 29127 RIVERGATE RUN WESLEY CHAPEL FL 33543 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida recistered afer SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE □ Delete NAME NAMÉ LUKACS, MARIA 4700 LOVE CITCLE N. STREET ADDRESS 1556 CHATEAUX DE VILLE CT. STREET ADDRESS CITY-ST-ZIP St Pedersburg, FL. 33708 CITY-ST-ZIP **CLEARWATER FL 33764** VICE PRESIDENT Delete TITLE TITLE ANDREW BOLYKI KOVACS, LASZLO NAME NAME 700 Cove Circle N. STREET ADDRESS STREET ADDRESS 29127 RIVERGATE RUN PETERSBURG FL.33708 CITY-ST-ZIP CITY-ST-ZIP **WESLEY CHAPEL FL 33543** ■ Addition TITLE TITLE ☐ Delete LUKACS, MARIA NAME NAME STREET ADDRESS 4700 COVE CIPCLE M. STREET ADDRESS 1556 CHATEAUX DE VILLE CT CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** STPETERSburg, FL. 33708 Addition Defete TITLE TITLE NAME LUKACS, MARIA NAME STREET ADDRESS 1556 CHATEAUX DE VILLE CT STREET ADDRESS 4700 LOVE CIPCLE CITY-ST-7IP **CLEARWATER FL 33764** CITY-ST-ZIP STPETERS burg FL ■ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes, i further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.